	D STATES DISTRICT COURT HERN DISTRICT OF NEW YORK SDNY PRO SE OFFICE
Jo	N R Aponte 2016 JAN-7 PM 3: 43
(In the s	ace above enter the full name(s) of the plaintiff(s).) COMPLAINT
Me Fen For New Ke	The Kander and his ale partner who Called Backup Don't Know Wame I think Its I the Backup Call 16 CV 0167
cannot fi please v addition listed in	ace above enter the full name(s) of the defendant(s). If you the names of all of the defendants in the space provided, rite "see attached" in the space above and attach an I sheet of paper with the full list of names. The names the above caption must be identical to those contained in ddresses should not be included here.)
I.	Parties in this complaint: List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.
Plaintif	Name John R. Aponte ID# 541150/435 Current Institution Otis bantum Correctional Center Address 1600 Hazen Street eastelmhurst Queens NY 11370
В.	List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.
Defend	nt No. 1 Name <u>ROa Meh Met Kanbur</u> Shield # Where Currently Employed <u>122 precient</u> Address
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	Defenda	ant No. 2	Name /				12	pren	ien	_Shield	# <u>68</u> 9	44
	e.	8	Address	-	14			D)			N	_
; e,	Defenda	ant No. 3	Name D	Det.	Fmnlo	icen	1 /c	Dome	ark	/ YGhield	#	
		tii	Address				- A	1 5 01				
	Defenda	ant No. 4	Name P		icho	rel 1	leau	ad	2 1	_ Shield	#	
140	77		Where Conditions			yed +	-	reale	CV.			
Ξ	X	76 3t = 1	1 1						A			
	Defenda	ant No. 5	Name Where C								#	
			Address									_
	II.	Statement of C	laim:									
	caption You ma rise to y	briefly as poss of this complain by wish to include our claims. Do and set forth ea	t is involv le further not cite a	ed in the details ny case	is action such as es or stat	, along v the name tutes. If	with the c es of oth you inte	lates and er person nd to alle	location s involv ge a nu	s of all re ed in the mber of i	elevant ever events giv related clair	nts. ving ms,
Police	A. OFFice	<u> </u>	stitution Characteristics	+1	Kan	bur	f	rise 1	19H	or clair	Me	ur?
9	B.	Where in the	ie institu	ition (did the		- I	ng rise Lmea	to y	our cla	im(s) occ	ur?
261		30 Eb	6144	3 57	tree	17	57a7	ten	İs	lan	dNy	_
N.	C.	What date an	1	imate 10	time di	id the 15	events	giving ri	ise to	your cla	aim(s) occ	ur?

	Though a to it liquid in Tracia
4	D. Facts: Mey Came For a domestic Violance ISSGE
What happened to you?	Kanbur dia a Martial arts arm lock choke hold and
to you.	Me Forming mode Fight him OFF ME BORNSEN
	he kept squeezind Mythroat and wouldn't let 90
Who did what?	OFicer Po Mehmet Kan bur strangled the
	grabed My Rightarm
	Timana M Books
Was anyone	his Female partner I think Kelly Gromky
else involved?	and 400ut 12 other of Flaers 1
	JULUANIA Brown. there saying I assulted. Told them
Who che saw what happened?	Not to enter her House and that there was NO Assut
	Named lovains heavel a detectives tell the officers to
*	explain it in suchaway so it sounds like Mr. Aponte
ıı.	assulted you Because there was No Petectives at Myhouse Injuries: 12 kg 18 seconds they am hed mus
Bo If y	ou sustained injuries related to the events alleged above, describe them and state what medical treatment, it
	you required and received. That Bruses on My fhreat wat the cops Broat me tog Herca
_5	yke Doctor For evaluation saying I was Crazy
	T & 1705/11010
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IV.	Exhaustion of Administrative Remedies:
wit con	Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought the respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner fined in any jail, prison, or other correctional facility until such administrative remedies as are available are austed." Administrative remedies are also known as grievance procedures.
Α,	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes No
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	Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedur
	Yes No * _ Do Not Know
	· · · · · · · · · · · · · · · · · · ·
	Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) are cover some or all of your claim(s)?
	Yes No Do Not Know
	If YES, which claim(s)?
	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose
	Yes No
	If NO, did you file a grievance about the events described in this complaint at any other jail, prison, other correctional facility?
	other correctional factory?
	Yes No
92	If you did file a grievance, about the events described in this complaint, where did you file grievance?
	1. Which claim(s) in this complaint did you grieve?
	A CONTRACTOR OF THE PARTY OF TH
	2. What was the result, if any?
	Z. What was the result, if any:
	Z. What was the result, if any:
	Z. What was the result, if any:
	3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal the highest level of the grievance process.
	3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal
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	3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal the highest level of the grievance process. If you did not file a grievance:
	3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal the highest level of the grievance process.
	3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal the highest level of the grievance process. If you did not file a grievance:
	3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal the highest level of the grievance process. If you did not file a grievance:
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	3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal the highest level of the grievance process. If you did not file a grievance:

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	when and now, and their response, if any:
9	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
ote:	You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.
	Relief:
tate w	hat you want the Court to do for you (including the amount of monetary compensation, if any, that you
0 1	suft harras Ment Atemted Marderland Strangularges and an order of protection, as the Monetary Compensation In asking For wenty Millian is My life is wordered than twenty Millian is My yours of the More I didn't deserve to Bye Strangle this of Ficer like they did to My Bog is gardner. I was put in a life or death that on and had no Choice But to Fight CK.
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I.	Previous lawsuits:
Α.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
	Yes No
Ď.	ev. 05/2010 5

On these claims

В.	If your is more format	answer to A is YES, describe each lawsuit by answering questions I intough 7 describe the same e than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same .)
- 4	1.	Parties to the previous lawsuit:
	Dlainti	ff
	Planni	
	Defen	dants
	2.	Court (if federal court, name the district; if state court, name the county)
	3.	Docket or Index number
	4.	Name of Judge assigned to your case
	= 5.	Approximate date of filing lawsuit
	6.	Is the case still pending? Yes No
	107 10	If NO, give the approximate date of disposition
	7	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)
laims I	the san	your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (I are is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the format.) Parties to the previous lawsuit:
		ndants
	2.	Court (if federal court, name the district; if state court, name the county)
	3.	Docket or Index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending? Yes No
	0.	If NO, give the approximate date of disposition
	7.	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)
		· · · · · · · · · · · · · · · · · · ·
N)		
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				*
I declare under penalty o	f perjury that the foregoin	g is true and co	rrect.	
Signed this \perp day of $\stackrel{\textstyle \sum}{}$	ecember, 2015		1 -	# # # # # # # # # # # # # # # # # # #
	Signature of Plaintiff	John	R Apor	Nte .
· * * *	Inmate Number Institution Address	04156	girtum Cor	reational a
		1600 Has	Zenstreet nurst NY 11	370
∞ g	8	·	· · · ·	<u> </u>
Note: All plaintiffs name inmate numbers an	d in the caption of the comp d addresses.	laint must date ar	nd sign the complaint	and provide their
I declare under penalty of	perjury that on thisd	ay of <u>Pecen</u>	per, 20/5, 1	am delivering this
	ities to be mailed to the Pr	o Se Office of th	e United States Dist	trict Court for the
Southern District of New Y	York.			
x *	Signature of Plaintiff:	John	R. 4,000	ste
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John R. Case 1,16-cx 00501-AMD-LB Document 2 Filed 01/07/16 Page 8 of 8 PageID #: 10 FOR B40 5411/50 K135 1600 Hazen St RECEIVED SDNY PRO SE OFFICE east-elmhorst: Queens New York 11370 The Dalikanie PM Bilistric Mounitan UNITED States Courthouse 500 pearl street Room 200 New York, NY. 10007-1312